

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -7 AM 11:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 737137

(0)

1. Corporation Name

GRACE CHAPEL MINISTRIES, INC.

Principal Place of Business

Mailing Address

**% ROGER B. LOVELARY
RT 2, BOX 175
WELLBORN FL 32094**

**% ROGER B. LOVELARY
RT 2, BOX 175
WELLBORN FL 32094**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1976

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3098734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 2741 130th Terrace

26 2741 130th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOVELADY, ROGER B.
RT 2, BOX 175
WELLBORN FL 32094**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2741 130th Terrace

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE

Roger B. Lovelady

4-3-95

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PO	LOVELADY, NIOMA BERNIECE	ROUTE 1, BOX 175	WELLBORN FL
VO	COURSON, NAOMI MONA ROY	ROUTE 1, BOX 175	WELLBORN FL
STD	LOVELADY, ROGER BURNELL	ROUTE 1, BOX 175	WELLBORN FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roger B. Lovelady

4-3-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printing